



Notice of Price Agreement Award

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Printed: 8/31/2004

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
CAPITOL HILL
PROVIDENCE RI 02908

V E N D O R	LABORATORY CORP OF AMERICA HOLDINGS 69 FIRST AVE RARITAN NJ 08869	MEDICAL LABORATORY TESTING	
		Award Number 68M00310554	Effective Period: 9/1/04 - 8/31/07

S H I P T O	ADMINISTRATION MASTER PRICE AGREEMENT RELEASE AGAINST RI MPA	Date: 08/18/2004 Buyer: LINDA ROCHE Shipping: F.O.B., Destination Terms: Net 30	I N V O I C E	ADMINISTRATION MASTER PRICE AGREEMENT RELEASE AGAINST RI MPA

Department		Bid Number	Requisition Number
ADMINISTRATION		MPA-208	B04070
Item		Unit	Unit Price
	<p>9/1/04 - 8/31/07 WITH OPTION TO RENEW FOR TWO ADDITIONAL TWELVE MONTH PERIODS.</p> <p>MASTER PRICE AGREEMENT #208</p> <p>THIS IS A NOTICE OF AWARD, NOT AN ORDER. Any quantity reference in the agreement or in the bid preceding it are estimates only and do not represent a commitment on the part of the state to any level of billing activity, other than for quantities or volumes specifically released during the term. No action is to be taken except as specifically authorized, as described herein under AUTHORIZATION AND RELEASE.</p> <p>ENTIRE AGREEMENT - This NOTICE OF AWARD, with all attachments, and any release(s) against it shall be subject to: (1) the specifications, terms and conditions set forth in the Request/Bid Number cited herein, (2) the General Terms and Conditions of Contracts for the State of Rhode Island and (3) all provisions of, and the Rules and Regulations promulgated pursuant to, Title 37, Chapter 2 of the General Laws of the State of Rhode Island. This NOTICE shall constitute the entire agreement between the State of Rhode Island and the Vendor. No assignment of rights or responsibility will be permitted except with the express written permission of the State Purchasing Agent or his designee.</p> <p>CANCELLATION, TERMINATION and EXTENSION - This Price Agreement shall automatically terminate as of the date(s) described under CONTRACT PERIOD unless this Price Agreement is altered by formal amendment by the State Purchasing Agent or his designee upon mutual agreement between the State and the Vendor.</p> <p>AUTHORIZATION AND RELEASE. In no event shall the Vendor deliver goods or provide service until such time as a duly authorized release document is certified by the ordering Agency.</p> <p>A Direct Purchase Order (DPO) shall be created by the agency listing the items ordered, using the pricing and format set forth in the Master Blanket. All pricing shall be as described in the Master Blanket and is considered to be fixed and firm for the term of the Agreement, unless specifically noted to the contrary herein. All prices include prepaid freight. Freight, taxes, surcharges, or other additional charges will not be honored unless reflected in Master Blanket.</p>		

This Notice of Award/Purchase Order is issued in accordance with the specific requirements described herein and the State's Purchasing Regulations and General Conditions of Purchase, copies of which are available at www.purchasing.state.ri.us. Delivery of goods or services as described herein shall be deemed acceptance of these requirements.

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1.0	<p>THIS IS A MULTI-YEAR BID/CONTRACT. PER RHODE ISLAND STATE LAW 37-2-33, CONTRACT OBLIGATIONS BEYOND THE CURRENT FISCAL YEAR ARE SUBJECT TO AVAILABILITY OF FUNDS. CONTINUATION OF THE CONTRACT BEYOND THE INITIAL FISCAL YEAR WILL BE AT THE DISCRETION OF THE STATE. TERMINATION MAY BE EFFECTED BY THE STATE BASED UPON DETERMINING FACTORS SUCH AS UNSATISFACTORY PERFORMANCE OR THE DETERMINATION BY THE STATE TO DISCONTINUE THE GOODS/SERVICES, OR TO REVISE THE SCOPE AND NEED FOR THE TYPE OF GOODS/SERVICES; ALSO MANAGEMENT OWNER DETERMINATIONS THAT MAY PRECLUDE THE NEED FOR GOODS/SERVICES.</p> <p>EVERY PERSON OR BUSINESS ENTITY PROVIDING GOODS OR SERVICES AT A COST OF \$5000 CUMULATED VALUE IS REQUIRED TO FILE AN AFFIDAVIT REGARDING POLITICAL CAMPAIGN CONTRIBUTIONS WITH THE RI STATE BOARD OF ELECTIONS EVEN IF NO REPORTABLE CAMPAIGN CONTRIBUTIONS HAVE BEEN MADE. (RI GENERAL LAW 17-27) FORMS OBTAINED AT BOARD OF ELECTIONS, CAMPAIGN FINANCE DIVISION, 50 BRANCH AVENUE, PROVIDENCE, RI 02904 (401-222-2056).</p> <p>STATEWIDE APPLICABILITY - Political Subdivisions (cities, towns, schools, quasi-public agencies), as authorized by law, may participate in this Agreement. All ordering and billing shall be between the vendor and the political subdivision (only).</p> <p>THIS PURCHASE ORDER IS AWARDED SUBJECT TO EQUAL OPPORTUNITY COMPLIANCE.</p> <p>VENDOR MUST INCLUDE A COPY OF THE CATALOG TO BE USED FOR THE BALANCE OF THE TESTS.</p> <p>THE STATE MAY REQUEST THE VENDOR TO SUPPLY A CATALOG, SPECIFIC TO THE STATE LISTING, ALL TESTS INCLUDED IN THE BID PACKAGE AND THE ACTUAL PRICE PER THESE TESTS.</p> <p>ABO GROUPING & RHO (D) TYPING CPT CODE: 86900, 86901</p>	TEST	6.00

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Department			Bid Number	Requisition Number
ADMINISTRATION		MPA-208	B04070	
Item			Unit	Unit Price
2.0	AFB CULTURE CPT CODE: 87116, 87206, 87015		TEST	37.50
3.0	AFP, SERUM, TUMOR MARKER CPT CODE: 82105		TEST	9.75
4.0	ALPHA-1-ANTITRYPSIN, SERUM CPT CODE: 82103		TEST	8.00
5.0	AMIKACIN LEVEL CPT CODE: 80150		TEST	7.50
6.0	AMIKACIN PEAK, SERUM CPT CODE: 80150		TEST	7.50
7.0	AMIKACIN TROUGH, SERUM CPT CODE: 80150		TEST	7.50
8.0	AMITRIPTYLINE (ELAVIL), SERUM CPT CODE: 80152		TEST	15.00
9.0	AMMONIA, PLASMA CPT CODE: 82140		TEST	6.00
10.0	ANABOLIC STEROIDS (URINE) CPT CODE: 80100		TEST	176.00
11.0	ANITNUCLEAR AB (ANA) CPT CODE: 86038		TEST	7.00

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ADMINISTRATION		MPA-208	B04070	
Item			Unit	Unit Price
12.0	ANTIBODY SCREEN CPT CODE: 86850		TEST	7.00
13.0	ANTI-HBE CPT CODE: 86707		TEST	8.00
14.0	ANTI-HBSAG CPT CODE: 87340		TEST	6.00
15.0	ANTI-HEPATITIS C CPT CODE: 86803		TEST	9.00
16.0	ANTINUCLEAR ANTIBODIES (ANA) CPT CODE: 86038		TEST	7.00
17.0	ANTISTREPTOLYSIN O ANTIBODIES CPT CODE: 86060		TEST	4.50
18.0	ARTHRITIS PROFILE (CPR, RF, ANA, ESR) CPT CODE: 86038, 86140, 86431, 85651		TEST	22.50
19.0	BIOPSY (SMALL SPECIMEN) CPT CODE: 88300		TEST	30.00
20.0	BLOOD GROUP AND RH CPT CODE: 86900, 86901		TEST	6.00
21.0	BLOOD UREA NITROGEN CPT CODE: 84520		TEST	3.25

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Department			Bid Number	Requisition Number
ADMINISTRATION		MPA-208	B04070	
Item			Unit	Unit Price
22.0	C DIFFICILE TOXIN A CPT CODE: 87324		TEST	10.00
23.0	CA 27 .29 CPT CODE: 86300		TEST	12.00
24.0	CALCIUM, IONIZED, SERUM CPT CODE: 82330		TEST	6.25
25.0	CARBAMAZEPINE (TEGRETOL) CPT CODE: 80156		TEST	7.50
26.0	CARDIAC RISK PROFILE CHOLESTEROL, TRIGLYERIDE, HDL CPT CODE: 80061		TEST	5.50
27.0	CD4 HELPER T CELL CPT CODE: 86361		TEST	15.00
28.0	CD4/CD8 RATIO PROFILE CPT CODE: 86360		TEST	30.00
29.0	CEA CPT CODE: 82378		TEST	10.00
30.0	CERULOPLASMIN CPT CODE: 82390		TEST	5.75
31.0	CHLAMYDIA GC PCR CPT CODE: 87491, 87591		TEST	36.00

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ADMINISTRATION		MPA-208	B04070	
Item			Unit	Unit Price
32.0	CHLAMYDIA PCR CPT CODE: 87491		TEST	25.00
33.0	CHLAMYDIA/GONOCOCCUS DNA PROBE CPT CODE: 87490, 87590		TEST	12.00
34.0	CHLAMYDIA/GONOCOCCUS URINE LCX2 CPT CODE: 87491, 87591		TEST	36.00
35.0	CHOLESTEROL CPT CODE: 82465		TEST	3.25
36.0	CHOLINESTERASE, SERUM AND RBC CPT CODE: 82480, 82482		TEST	12.00
37.0	CK ISOENZYMES, SERUM CPT CODE: 82550, 82552		TEST	6.50
38.0	CLOZAPINE (CLOZARIL), SERUM CPT CODE: 80154		TEST	15.00
39.0	COMMBS', DIRECT CPT CODE: 86880		TEST	5.00
40.0	CORTISOL CPT CODE: 82533		TEST	9.00
41.0	CREATININE (URINE OR SERUM) CPT CODE: 82565		TEST	3.25

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ADMINISTRATION		MPA-208	B04070	
Item			Unit	Unit Price
42.0	CYTOMEGALOVIRUS (CMV), AB, LGG CPT CODE: 86644		TEST	6.50
43.0	DRUG SCREEN, TREATMENT CENTER CPT CODE: 80100		TEST	15.00
44.0	ELECTROLYTES CPT CODE: 80051		TEST	4.00
45.0	FERRITIN, SERUM CPT CODE: 82728		TEST	5.00
46.0	FSH, SERUM CPT CODE: 83001		TEST	6.00
47.0	GABAPENTIN (NEURONTIN), SERUM CPT CODE: 80299		TEST	18.00
48.0	GENERAL CHEMISTRY PROFILE SAMC25 CPT CODE: 82977, 84478, 82020, 82247, 82310, 82435, 82465, 82565, 82947, 83540, 83615, 84075, 84100, 84132, 84155, 84295, 84450, 84460		TEST	5.50
49.0	GGTP CPT CODE: 82977		TEST	3.25
50.0	GLUCOSE-6-PHOSPHATE DEHYDROGENASE CPT CODE: 85041, 82955		TEST	8.50
51.0	GLYCOHEMOGLOBIN (GHB), TOTAL CPT CODE: 83036		TEST	4.00

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ADMINISTRATION		MPA-208	B04070	
Item			Unit	Unit Price
52.0	HAPTOGLOBIN CPT CODE: 83010		TEST	7.00
53.0	HBSAG CPT CODE: 87340		TEST	6.00
54.0	HCV RNA, PCR, QUANTITATIVE CPT CODE: 87522		TEST	140.00
55.0	HDL CHOLESTEROL CPT CODE: 83718		TEST	4.00
56.0	HELICOBACTER PYLORI, IGG CPT CODE: 86677		TEST	8.00
57.0	HELPER T-LYMPH-CD4 CPT CODE: 86361		TEST	15.00
58.0	HEMOGLOBIN A1C CPT CODE: 83036		TEST	4.00
59.0	HEMOGLOBIN ELECTROPHORESIS CPT CODE: 85660, 83020		TEST	12.00
60.0	HEMOGLOBIN FRACTIONATION CPT CODE: 85660, 83020		TEST	12.00
61.0	HEPATITIS B VIRUS DNA, QUANT CPT CODE: 87517		TEST	225.00

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ADMINISTRATION		MPA-208	B04070	
Item			Unit	Unit Price
62.0	HEPATITIS C VIRUS AB, RIBA 3.0 CPT CODE: 86804		TEST	100.00
63.0	HEPATITIS C VIRUS GENOTYPING CPT CODE: 87902		TEST	250.00
64.0	HEPATITIS PROFILE (ANTI-HAV, HBSAG ANTI-IIBCORE, ANTI C) CPT CODE: 80074		TEST	33.50
65.0	HERPES CULTURE CPT CODE: 87255		TEST	15.00
66.0	HIV, GENOTYPING FOR MUTATIONS4 CPT CODE: 87901		TEST	300.00
67.0	IGE CPT CODE: 82785		TEST	10.00
68.0	IMIPRAMINE (TROFRANIL), SERUM CPT CODE: 80174		TEST	15.00
69.0	IMPRAMINE LEVEL CPT CODE: 80174		TEST	15.00
70.0	IMMUNOGLOBULINS A/E/G/M, SERUM CPT CODE: 82785, 82784x3		TEST	21.75
71.0	INSULIN CPT CODE: 83525		TEST	4.50

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72.0	LDH ISO CPT CODE: 83615, 83625		TEST	7.50
73.0	LIPASE, SERUM CPT CODE: 83690		TEST	4.00
74.0	LIPOPROTEIN ELECTROPHOREIS CPT CODE: 80061, 83715		TEST	10.00
75.0	LITHIUM CPT CODE: 80178		TEST	4.50
76.0	LYME SEROLOGY CPT CODE: 86618		TEST	6.00
77.0	MICROALBUMIN, RANDOM URINE CPT CODE: 82043		TEST	4.75
78.0	NORTRIPTYLINE (AVENTYL), SERUM CPT CODE: 80182		TEST	10.25
79.0	OVA/PARASITES EXAM, ROUTING CPT CODE: 87015, 87211		TEST	10.75
80.0	PAP SMEAR CPT CODE: 88164		TEST	15.00
81.0	PAP SMEAR (1 SLIDE), GYN CPT CODE: 88164		TEST	15.00

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82.0	PARTIAL THROMBOPLASTIN TIME CPT CODE: 85730	TEST	3.25
83.0	PHENYTOIN (DILANTIN), SERUM CPT CODE: 80185	TEST	5.00
84.0	PHOSPHORUS CPT CODE: 84100	TEST	3.25
85.0	PHYSICIAN READ PAP CPT CODE: 88141	TEST	15.00
86.0	PLATELET COUNT CPT CODE: 85595	TEST	4.00
87.0	PROLACTIN CPT CODE: 84146	TEST	7.50
88.0	PROSTATE-SPECIFIC AG, SERUM CPT CODE: 84153	TEST	6.00
89.0	PROTHROMBIN TIME CPT CODE: 85610	TEST	3.25
90.0	QUANT., RNA PCR CPT CODE: 87536	TEST	100.00
91.0	QUANTIATIVE, HCG BETA SUBUNIT CPT CODE: 84702	TEST	8.00

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Item			Unit	Unit Price
92.0	RAPID INFLUENZA EIA CPT CODE: 87449		TEST	20.00
93.0	RETICULOCYTE COUNT CPT CODE: 85044		TEST	4.75
94.0	RUBEOLA AB LGG CPT CODE: 86765		TEST	6.00
95.0	RUBEOLA ANTIBODIES, IGG CPT CODE: 86765		TEST	6.00
96.0	SICKLE CELL SCREEN CPT CODE: 85660		TEST	4.50
97.0	STOOL CULTURE CPT CODE: 87046, 87045		TEST	17.50
98.0	STOOL OVA AND PARASITES CPT CODE: 87177		TEST	10.75
99.0	SURGICAL PATHOLOGY 88305 CPT CODE: 88305		TEST	50.00
100.0	SYPHILIS SEROLOGY (ART/VDRL/RPR) CPT CODE: 86592		TEST	4.00
101.0	T3 UPTAKE CPT CODE: 84479		TEST	4.00

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V E N D O R	LABORATORY CORP OF AMERICA HOLDINGS 69 FIRST AVE RARITAN NJ 08869	MEDICAL LABORATORY TESTING	
		Award Number 68M00310554	Effective Period: 9/1/04 - 8/31/07

S H I P T O	ADMINISTRATION MASTER PRICE AGREEMENT RELEASE AGAINST RI MPA	Date: 08/18/2004 Buyer: LINDA ROCHE Shipping: F.O.B., Destination Terms: Net 30	I N V O I C E	ADMINISTRATION MASTER PRICE AGREEMENT RELEASE AGAINST RI MPA

Department			Bid Number	Requisition Number
ADMINISTRATION		MPA-208	B04070	
Item			Unit	Unit Price
102.0	T4 UPTAKE (THYROXINE) CPT CODE: 84436		TEST	4.25
103.0	THEOPHYLINE CPT CODE: 80198		TEST	7.50
104.0	THYROID PROFILE (T3 UPTAKE, T4,T7) CPT CODE: 84479, 84436		TEST	8.00
105.0	TOTAL BILIRUBIN CPT CODE: 82247		TEST	3.25
106.0	TOTAL IRON BINDING CAPACITY CPT CODE: 83550, 83540		TEST	8.00
107.0	TOTAL T3 CPT CODE: 84480		TEST	7.50
108.0	TOXOPLASMA GONDII AB, IGG, QN CPT CODE: 86777		TEST	7.50
109.0	TRAZODONE, SERUM CPT CODE: 80299		TEST	15.00
110.0	TRIGLYCERIDES CPT CODE: 84478		TEST	3.25
111.0	TRIIODOTHYRONINE, FREE, SERUM CPT CODE: 84481		TEST	7.50

This Notice of Award/Purchase Order is issued in accordance with the specific requirements described herein and the State's Purchasing Regulations and General Conditions of Purchase, copies of which are available at www.purchasing.state.ri.us. Delivery of goods or services as described herein shall be deemed acceptance of these requirements.

COPY

STATE PURCHASING AGENT/DESIGNEE



Notice of Price Agreement Award

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Printed: 8/31/2004

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
CAPITOL HILL
PROVIDENCE RI 02908

V E N D O R	LABORATORY CORP OF AMERICA HOLDINGS 69 FIRST AVE RARITAN NJ 08869	MEDICAL LABORATORY TESTING
		Award Number Effective Period: 68M00310554 9/1/04 - 8/31/07

S H I P T O	ADMINISTRATION MASTER PRICE AGREEMENT RELEASE AGAINST RI MPA	Date: 08/18/2004 Buyer: LINDA ROCHE Shipping: F.O.B., Destination Terms: Net 30	I N V O I C E	ADMINISTRATION MASTER PRICE AGREEMENT RELEASE AGAINST RI MPA
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Department			Bid Number	Requisition Number
ADMINISTRATION		MPA-208	B04070	
Item			Unit	Unit Price
112.0	TSH CPT CODE: 84443		TEST	6.00
113.0	ULTRA SENSITIVE RNA QN CPT CODE: 87536		TEST	105.00
114.0	ULTRA SENSITIVE TNA QUANT. (HIV) CPT CODE: 87536		TEST	105.00
115.0	URIC ACID, URINE CPT CODE: 84560		TEST	3.25
116.0	URINE CYTOLOGY CPT CODE: 88108		TEST	30.00
117.0	VARICELLA-ZOSTER V AB, IGG CPT CODE: 86787		TEST	7.50
118.0	VIRAL CULTURE, GENERAL CPT CODE: 87252		TEST	35.00
119.0	VZV, HSV, DIRECT AG TESTING5 CPT CODE: 87290		TEST	22.00
120.0	ZINC, SERUM CPT CODE: 84630		TEST	5.50

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Notice of Price Agreement Award

Page 15 of 15
Printed: 8/31/2004

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
CAPITOL HILL
PROVIDENCE RI 02908

V E N D O R	LABORATORY CORP OF AMERICA HOLDINGS 69 FIRST AVE RARITAN NJ 08869	MEDICAL LABORATORY TESTING	
		Award Number 68M00310554	Effective Period: 9/1/04 - 8/31/07

S H I P T O	ADMINISTRATION MASTER PRICE AGREEMENT RELEASE AGAINST RI MPA	Date: 08/18/2004 Buyer: LINDA ROCHE Shipping: F.O.B., Destination Terms: Net 30	I N V O I C E	ADMINISTRATION MASTER PRICE AGREEMENT RELEASE AGAINST RI MPA

Department			Bid Number	Requisition Number
ADMINISTRATION		MPA-208	B04070	
Item		Unit		Unit Price
	MISCELLANEOUS TESTS AS NEEDED. 75% DISCOUNT FROM LIST PRICE. SEE ATTACHED "EXHIBIT A" AND "ATTACHMENT A". DELIVERY OF GOODS OR SERVICES AS REQUESTED BY AGENCY. PAYMENTS WILL BE AUTHORIZED UPON SUBMISSION OF PROPERLY RENDERED INVOICES TO THE RECEIVING AGENCY. ANY UNUSED BALANCE AT END OF BLANKET PERIOD IS AUTOMATICALLY CANCELLED. VENDOR TELEPHONE #: 908-526-2400 VENDOR FAX #: 908-575-9286			

This Notice of Award/Purchase Order is issued in accordance with the specific requirements described herein and the State's Purchasing Regulations and General Conditions of Purchase, copies of which are available at www.purchasing.state.ri.us. Delivery of goods or services as described herein shall be deemed acceptance of these requirements.

COPY

STATE PURCHASING AGENT/DESIGNEE

TERMS AND CONDITIONS OF PRICING AGREEMENT

SCOPE AND LIMITATIONS - This Agreement covers requirements as described herein, ordered by State agencies during the Agreement Period. No additional or alternative requirements are covered, unless added to the Agreement by formal amendment by the State Purchasing Agent or his designee.

Under State Purchasing Law, 37-2-54, "no purchase or contract shall be binding on the state or any agency thereof unless approved by the department [of administration] or made under general regulations which the chief purchasing officer may prescribe." Under State Purchasing Regulation 8.2.1.1.2, "any alleged oral agreement or arrangements made by a bidder or contractor with any agency or an employee of the Office of Purchases may be disregarded and shall not be binding on the state."

PRODUCT ACCEPTANCE - All merchandise offered or otherwise provided shall be new, of prime manufacture, and of first quality unless otherwise specified by the State. The State reserves the right to reject all nonconforming goods, and to cause their return for credit or replacement, at the State's option.

- a) Failure by the state to discover latent defect(s) or concealed damage or non-conformance shall not foreclose the State's right to subsequently reject the goods in question.
- b) Formal or informal acceptance by the State of non-conforming goods shall not constitute a precedent for successive receipts or procurements.

Where the vendor fails to cure the defect promptly or replace the goods, the State reserves the right to cancel the Release, contract with a different vendor, and to invoice the original vendor for any differential in price over the original contract price.

ORDER AUTHORIZATION AND RELEASE AGAINST PRICING AGREEMENT

In no event shall the Vendor deliver goods or provide service until such time as a duly authorized release document is certified by the ordering Agency.

State Agencies shall request release as follows: All releases shall reference the Price Agreement number, the Contract Issue number, the item(s) covered, and the unit pricing in the same format as described herein.

A Department Purchase Order (DPO) listing the items ordered shall be created by the agency. The agency may mail or fax a copy of the order to the Vendor. In some cases the agency may request delivery by telephone, but must provide the Vendor with a DPO Order Number reference for billing purposes. Vendors are encouraged to require written orders to assure payments are processed accurately and promptly.

DELIVERY – If this is an MPA, Vendor will obtain "ship to" information from each participating agency. This information will be contained in the DPO. APA delivery information will be contained in the Notice of Award.

PRICING - All pricing shall be as described herein, and is considered to be fixed and firm for the term of the Agreement, unless specifically noted to the contrary herein. All prices include prepaid freight. Freight, taxes, surcharges, or other additional charges will not be honored unless reflected herein.

INVOICING – All invoices shall reference the DPO Order Number(s), Price Agreement number, the Contract Issue number, the item(s) covered, and the unit pricing in the same format as described herein. If this is an MPA, Vendor will obtain "bill to" information from each participating agency. This information will be contained in the DPO. APA billing information will be contained in the Notice of Award.

PAYMENT - Invoices for items not received, not priced according to contract or for work not yet performed will not be honored. No payment will be processed to any vendor for whom there is no IRS W-9 on file with the State Controller.



Laboratory Corporation of America® Holdings
69 First Avenue
Raritan, NJ 08869-2240

Telephone: 800-631-5250

State of Rhode Island and Providence Plantations

EXHIBIT A

In addition, to the tests itemized In the State of Rhode Island and Providence Plantations RFP you will receive an across-the-board discount of SEVENTY FIVE PERCENT (75%) off of the Professional Fee Schedule current at the time the test is performed. Certain tests listed in the Professional Fee Schedule are non-discountable and shall not be subject to the above across-the-board discount. A list of said tests and a copy of the current Professional Fee Schedule may be obtained from your Clinical Laboratory Representative. LabCorp shall have the right to remove any test from the Fee Schedule or set price list, and to place it on the Non-Discountable List, in the event of a material change which affects the difficulty or cost of providing any test. In addition, your Clinical Laboratory Representative will be happy to answer any question with respect to changes in pricing and the current Non-Discountable Test List.

Attachment A
PART TWO REFERENCE

Test Name	CPT Code	NET FEE
5' NUCLEOTIDASE	83915	\$ 19.50
ACETYLCHOLINE RECEPTOR AB	84238	\$ 201.00
ACID HEMOLYSIN	85475	\$ 84.00
ACID PHOSPHATASE, TOTAL	84060	\$ 15.00
ACTH, PLASMA	82024	\$ 55.56
AEROBIC BACTERIAL CULTURE	87070	\$ 12.50
AFP, TUMOR MARKER (SERIAL)	82105	\$ 22.81
ALDOSTERONE, SERUM	82088	\$ 31.00
ALK PHOS ISOENZYME	84080 84075	\$ 15.38
ALKALINE PHOSPHATASE, SERUM	84075	\$ 4.75
ALK PHOS ISOENZYME	84080 84075	\$ 15.38
ALLERGENS(6)	86003	\$ 159.00
ALLERGENS(7)	86003	\$ 185.50
AMYLASE, SERUM	82150	\$ 6.69
ANGIOTENSIN-CONVERTING ENZYME	82164	\$ 16.06
ANTICARDIOLIP AB, IGA/IGG/IGM	86147 (x3)	\$ 75.19
ANTIDIURETIC HORMONE PROFILE	83930 84588	\$ 212.50
ANTI-DSDNA ANTIBODIES	86225	\$ 15.06
ANTIEXTRACTABLE NUCLEAR AG	86235 (x2)	\$ 120.00
HEP A AB, TOTAL	86708	\$ 14.94
ANTI HISTONE ANTIBODIES	86235	\$ 26.00
ANTIMIC. SERUM LEVEL, ISONIAZID	80299	\$ 179.00
ANTIMIC. SERUM LEVEL, RIFAM. HPLC	80299	\$ 179.00
ANTIMITOCHONDRIAL AB (AMA), QN	86255	\$ 17.44
ANTINEUTROPHIL CYTOPLASMIC AB	86255(x2)	\$ 139.50
ANTIPARIETAL CELL AB, QUANT	86255	\$ 17.44
ANTIPHOSPHOLIPID SYNDROME PROF	85732 86147(x2) 85613	\$ 326.50
ANTISCLERODERMA-70 ANTIBODIES	86235	\$ 104.00
ANTISMOOTH MUSCLE AB, QUANT	86255	\$ 17.44
ANTITHROMBIN III (FUNCTIONAL)	85300	\$ 27.38
ANTI-THYROID ANTIBODIES	86376 86800	\$ 33.81
BASIC METABOLIC PANEL	80051 82565 82947	\$ 5.38
COMPLEMENT C3, SERUM	86160	\$ 13.50
CA 125 IN THE PRESENCE OF HAMA	86304	\$ 102.75
CALCITONIN, SERUM	82308	\$ 138.75
CALCULI, URINARY	82360	\$ 47.00
CANCER ANTIGEN (CA) 125	86304	\$ 28.13
SUPER PANEL CATECHOLAMINE/VMA, 24-HR URINE	82384 84585	\$ 48.25
CATECHOLAMINES, UR., FREE, 24 HR	82384	\$ 33.00
CATHARTIC LAXATIVE STOOL	80299 83735 84100	\$ 167.00
CBC WITH DIFFERENTIAL/PLATELET	85025	\$ 3.94
CELL COUNT, SYNOVIAL FLUID	89051	\$ 13.13
CHLAMYDIA TRACHOMATIS AB, IGM	86632	\$ 75.00
CHLORIDE, CEREBROSPINAL FLUID	82438	\$ 4.81
CHLORIDE, URINE	82436	\$ 4.94
CHLORPROMAZINE, SERUM	84022	\$ 23.00
CHROMOSOME, BLOOD, ROUTINE	88230	\$ 522.50
SUPER PANEL CHRONIC LYMPHOCYTIC	88180(x14)	\$ 424.00
CITRIC ACID (CITRATE), URINE	82507	\$ 40.69
CLOMIPRAMINE, SERUM	80299	\$ 27.50
C DIFFICILE TOXIN A	87324	\$ 21.75

Attachment A
PART TWO REFERENCE

Test Name	CPT Code	NET FEE
CYTOMEGALOVIRUS (CMV) AB, IGG	86644	\$ 18.75
COLD AGGLUTININ TITER, QUANT	86157	\$ 15.00
COMPLEMENT C3, SERUM	86160	\$ 13.50
COMPLEMENT C4, SERUM	86160	\$ 13.50
COMPLEMENT, TOTAL (CH50)	86162	\$ 22.50
COPPER, SERUM	82525	\$ 60.00
CORTISOL (2 SPECIMENS)	82533(X2)	\$ 32.50
CORTISOL, AM/PM	82533(x2)	\$ 32.50
C-PEPTIDE, SERUM	84681	\$ 21.88
C-REACTIVE PROTEIN, QUANT	86140	\$ 13.94
CREATINE, 24-HOUR URINE	82540	\$ 7.88
CREATININE, 24-HOUR URINE	82570	\$ 6.38
CREATININE, URINE	82570	\$ 6.38
CRYOGLOBULIN, QL, SERUM, RFLX	82595	\$ 5.81
CRYPTOSPORIDIUM SMEAR, STOOL	87206 87015	\$ 19.00
CYTOMEGALOVIRUS (CMV) CULTURE	87252 87254 87332	\$ 160.50
CYTOMEGALOVIRUS (CMV) AB, IGM	86645	\$ 20.31
D-DIMER	85379	\$ 129.00
DEHYDROEPIANDROSTERONE (DHEA)	82626	\$ 35.88
DESIPRAMINE, SERUM	80160	\$ 22.50
DEHYDROEPIANDROSTERONE (DHEA)	82626	\$ 35.88
BILIRUBIN, DIRECT	82248	\$ 4.75
DOXEPIN (SINEQUAN), SERUM	80166	\$ 23.81
DRAWING FEE	36415	\$ 9.00
DRUG PROFILE, BLOOD (7 DRUGS)	80100	\$ 185.00
EBV AB VCA, IGG	86665	\$ 17.44
EBV AB VCA, IGM	86665	\$ 17.44
EBV ACUTE INFECTION ANTIBODIES	86663 86664 86665	\$ 69.75
EOSINOPHIL, URINE OR STOOL	87205	\$ 5.50
ERYTHROPOIETIN (EPO), SERUM	82668	\$ 90.75
F245 EGG, WHOLE	86003	\$ 26.50
FACTOR V LEIDEN MUTATION	83890 83894 83898(x2) 83912	\$ 193.00
FDP, PLASMA	85362	\$ 50.00
FECAL FAT, QUALITATIVE	82705	\$ 16.44
FIBRINOGEN, QUANTITATIVE	85384	\$ 11.00
CELL COUNT, SYNOVIAL FLUID	89051 89060	\$ 13.13
CRYSTAL EXAM,MISCELLANEOUS FL	89060	\$ 9.25
FLUVOXAMINE (LUVOX)		\$ 85.00
FSH AND LH	83001 83002	\$ 35.31
FUNGUS (MYCOLOGY) CULTURE	87101	\$ 16.25
FUNGUS CULTURE WITH STAIN	87101 87206	\$ 23.81
FUNGUS STAIN	87206	\$ 30.25
GASTRIN, SERUM	82941	\$ 89.00
GLUCOSE, CEREBROSPINAL FLUID	82945	\$ 10.81
GYNECOLOGIC MONO-LAYER PAP	88142	\$ 60.50
H PYLORI, IGM, IGG, IGA AB	86677(x3)	\$ 59.25
HBEAG	87350	\$ 69.25
HBV DNA, QUALITATIVE PCR	87516	\$ 158.25
HCG, BETA SUBUNIT, QNT, SERUM	84702	\$ 18.13
HEMATOPATH CONSULT, PER SMEAR	85060	\$ 7.19
HEMOSIDERIN, URINE	83070	\$ 8.00

Attachment A
PART TWO REFERENCE

Test Name	CPT Code	NET FEE
HEP A AB, IGM	86709	\$ 14.94
HEP A AB, TOTAL	86708	\$ 14.94
HEP BE AG	87350	\$ 69.25
HEPATIC FUNCTION PANEL (6)	82040 82247 82248 84075 84450 84460	\$ 5.31
HEPATITIS A (PROF V)	86708 86709	\$ 29.88
HSV TYPE 2-SPECIFIC AB, IGG	86696	\$ 21.25
HERPES SIMPLEX VIRUS I/II, IGG	86694	\$ 15.25
HISTOPLASMA ANTIBODIES	86698	\$ 30.69
ANTIVIROGRAM ANALYSIS		\$ 930.00
HLA-B27	83890 83893 83896 (x6) 83898 83912	\$ 123.00
HOMOCYST(E)INE, PLASMA/SERUM	83090	\$ 126.00
HSV CULTURE AND TYPING	87255	\$ 98.50
HSV TYPE 2-SPECIFIC AB, IGG	86696	\$ 21.25
HSV DIRECT EIA CULTURE	87255	\$ 86.50
GROWTH HORMONE, SERUM	83003	\$ 18.81
HOMOVANILLIC ACID, 24-HR URINE	83150	\$ 15.25
17-HYDROXYCORTICOSTEROIDS, UR	83491	\$ 19.88
HYDROXYPROLINE,FR/TOT,QN/24HR	83500 83505	\$ 73.19
IFE AND PE, RANDOM URINE	86334 84165	\$ 61.38
IFE AND PE, SERUM	82784 86334 82784(x2) 84165	\$ 48.00
IFE+PROTEIN ELECTRO, 24-HR UR	86334 84165	\$ 61.38
INSULIN AND C-PEPTIDE, SERUM	83525 84681	\$ 35.50
INSULIN (5 SPECIMENS)	83525(x5)	\$ 68.13
INSULIN, FREE AND TOTAL, SERUM	83527 83525	\$ 25.25
INTRINSIC FACTOR AB, SERUM	86340	\$ 144.25
IRON, SERUM	83540	\$ 4.75
17-KETOSTEROIDS, TOT, 24-HR UR	83586	\$ 15.31
LACTIC ACID, BLOOD	83605	\$ 14.56
LACTIC ACID, CSF	83605	\$ 14.56
LAMOTRIGINE (LAMICTAL), SERUM	80299	\$ 98.50
LDL CHOLESTEROL (DIRECT)	83721	\$ 15.25
LEAD, BLOOD (ADULT)	83655	\$ 11.25
LEAD, URINE	82570 83655	\$ 17.50
LEGIONELLA PNEUMOPHILA UR AG	87449	\$ 90.00
LUTEINIZING HORMONE, SERUM	83002	\$ 17.38
LIPID PANEL WITH LDL/HDL RATIO	80061	\$ 13.94
HEPATIC FUNCTION PANEL (7)	80076	\$ 5.38
LP+LIPOEL	80061 83715	\$ 17.88
LUPUS ANTICOAGULANT	85732 85613	\$ 126.00
LUTEINIZING HORMONE, SERUM	83002	\$ 17.38
LYME AB, TOTAL/IGM RESPONSES	86618 (x2)	\$ 44.88
LYME AB/TOTAL IMMUNOGLOBULINS	86618	\$ 22.44
LYME AB/WESTERN BLOT REFLEX	86618(x2)	\$ 44.88
LYME DISEASE AB, QUANT, IGM		\$ 22.44
LYME, TOTAL AB TEST/REFLEX	86618	\$ 22.44
LYME, TOTAL AB TEST/REFLEX	86618	\$ 22.44
LYME, WESTERN BLOT, SERUM	86617 (x2)	\$ 155.50
MALARIAL SMEAR	87207	\$ 16.25
RUBELLA ANTIBODIES, IGG	86762	\$ 10.00
MEPHENYTOIN (MESANTOIN)		\$ 74.00
METANEPHRINES, FRAC, QN, 24-HR	83835	\$ 37.44

Attachment A
PART TWO REFERENCE

Test Name	CPT Code	NET FEE
METHADONE (DOLOPHINE), SERUM	83840	\$ 20.00
MICROALBUMIN, 24 HR URINE	82043	\$ 12.50
MICROALBUMIN, TIMED URINE	82043	\$ 12.50
MICROSPORIDIA DETECTION, LM	87015 87207	\$ 115.00
MISCELLANEOUS TESTING		N/A
MYCOPLASMA PNEUMONIAE AB	86738 (x2)	\$ 40.00
MYOGLOBIN, QUANTITATIVE, URINE	83874	\$ 80.25
EOSINOPHIL COUNT, NASAL	89190	\$ 7.00
NON GYN-CYTOLOGY		
OSMOLALITY, SERUM	83930	\$ 11.13
OSMOLALITY, URINE	83935	\$ 12.06
OXALATE, QUANT, 24-HOUR URINE	83945	\$ 18.75
HIV 1 Ab	86701	\$ 67.25
HIV-2 Ab EIA	86702	\$ 121.75
PAP SMEAR (2 SLIDES), GYN	88164	\$ 60.00
PARAINFLUENZA VIRUS ANTIBODY	86710(x3)	\$ 45.00
PARVOVIRUS B19, HUMAN, IGG/IGM	86747(x2)	\$ 133.50
PHENYTOIN, FREE AND TOTAL, SERUM	80185 80186	\$ 38.75
PHENYTOIN, FREE, SERUM	80186	\$ 90.00
HEMOGLOBIN, FREE, PLASMA	83051	\$ 14.94
PLEURAL FLUID CYTOLOGY	88112	\$ 85.25
PNEUMOCYSTIS SMEAR	87281	\$ 89.50
POTASSIUM, SERUM	84132	\$ 4.75
POTASSIUM, URINE	84133	\$ 5.63
PREALBUMIN	84134	\$ 17.75
PREGNANCY TEST, URINE	81025	\$ 10.00
PRIMIDONE (MYSOLINE), SERUM	80184 80188	\$ 30.00
PROTEIN C & PROTEIN S PANEL	85302 85305 85306	\$ 356.25
PROTEIN C-FUNCTIONAL	85303	\$ 115.25
PROTEIN ELEC + INTERP, SERUM	84165	\$ 14.56
PROTEIN ELECTRO, RANDOM URINE	84165	\$ 27.00
PROTEIN ELECTRO, 24-HOUR URINE	84165	\$ 27.00
PROTEIN ELECTRO..S	84165	\$ 13.31
PROTEIN S-FUNCTIONAL	85306	\$ 113.25
PROTEIN TOTAL, QN, 24-HR URINE	84156	\$ 4.75
PROTEIN, TOTAL, CSF	84157	\$ 5.50
PROTEIN, TOTAL, URINE	84156	\$ 4.75
PTH, INTACT	83970	\$ 27.81
ALLERGEN PROFILE, BASIC FOOD	86003 86005	\$ 265.00
REFERENCE BACTERIAL CULTURE ID	87077	\$ 99.00
RHEUMATOID ARTHRITIS FACTOR	86431	\$ 6.19
RH-HR GENOTYPE	86900 86906	\$ 10.25
RUBELLA ANTIBODIES, IGG	86762	\$ 10.00
SEDIMENTATION RATE-WESTERGREN	85651	\$ 4.13
SEMEN ANALYSIS, POSTVASECTOMY	89321	\$ 7.00
SENSITIVITY ORGANISM #1	87184	\$ 6.56
5-HIAA, QUANT., 24 HR URINE	83497	\$ 14.19
AST (SGOT)	84450	\$ 4.75
ALT (SGPT)	84460	\$ 4.75
SJOGREN'S AB, ANTI-SS-A/-SS-B	86235(x2)	\$ 120.00
SODIUM, URINE	84300	\$ 4.75

Attachment A
PART TWO REFERENCE

Test Name	CPT Code	NET FEE
TEST INQUIRY SPEC-STAIN;GRP I-MICRO 1ST	88312	\$ 102.00
SPUTUM CYTOLOGY	88108	\$ 85.25
STRIATIONAL ANTIBODIES	86255	\$ 17.44
STRONGYLOIDES IGG AB,ELISA	86682	\$ 141.00
88300 SURGICAL PATHOLOGY	88300	\$ 29.00
88304 SURGICAL PATH-1ST SITE	88304	\$ 73.00
T4, FREE, EQUILIBRIUM DIALYSIS	84439	\$ 157.50
TAY-SACHS, BIOCHEMICAL, SERUM	83080	\$ 144.25
TESTOSTERONE, FREE AND TOTAL	84402 84403	\$ 235.75
TESTOSTERONE, FREE, DIRECT	84402	\$ 131.25
TESTOSTERONE, SERUM	84403	\$ 26.13
ANTI-THYROID ANTIBODIES	86376 86800	\$ 33.81
THYROID ANTITHYROGLOBULIN AB	86800	\$ 15.81
THYROID PANEL WITH TSH	84436 84443 84479	\$ 29.06
THYROID PEROXIDASE (TPO) AB	86376	\$ 18.00
THYROXINE (T4) FREE, DIRECT, S	84439	\$ 19.63
TOBRAMYCIN PEAK, SERUM	80200	\$ 18.88
TOBRAMYCIN TROUGH, SERUM	80200	\$ 18.88
TOTAL CATECHOLAMINES		
EOSINOPHIL COUNT	85048	\$ 3.63
PROTEIN, TOTAL, SERUM	84155	\$ 4.75
TOXOPLASMA GONDII AB,IGG,QN	86777	\$ 14.88
TOXOPLASMA GONDII AB,IGM,QN	86778	\$ 21.19
TRANSFERRIN	84466	\$ 13.69
TRIIODOTHYRONINE (T3)	84480	\$ 18.94
TROPONIN I	84484	\$ 79.00
TROPONIN-T	84484	\$ 133.00
TSH, THIRD GENERATION, SERUM	84443	\$ 17.25
UREA NITROGEN, 24-HOUR URINE	84540	\$ 6.06
URINALYSIS, COMPLETE	81001	\$ 4.31
VANCOMYCIN PEAK, SERUM	80202	\$ 17.50
VANCOMYCIN RANDOM, SERUM	80202	\$ 17.50
VANCOMYCIN TROUGH, SERUM	80202	\$ 17.50
VISCOSITY, BODY FLUID	85810	\$ 19.06
VITAMIN B12	82607	\$ 17.69
VITAMIN B12 AND FOLATE	82607 82746	\$ 33.38
VITAMIN D, 1,25 DIHYDROXY	82652	\$ 251.50
VANILLYLMANDELIC ACID, 24-HR U	84585	\$ 15.25
WHITE BLOOD CELLS (WBC), STOOL	89055	\$ 7.06